DOCUMENT RESUME

ED 206 942 CG 015 380

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TITLE The Evolution of a Community Drug Abuse Program: Families Have a Critical Role.
PUB DATE 13 Feb 81
NOTE 22p.; Paper presented at the Winter Convention of the American Association of School Administrators (Atlanta, GA, February 13, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Administrators; Coping; *Curriculum Development; Decision Making; Drug Abuse; *Drug Education; Elementary Secondary Education; *Family Role; *Parent School Relationship; Prevention; Program Descriptions; *School Responsibility; Student Development; *Student Problems

ABSTRACT

This description of the Merrillville Substance Abuse Program initially reviews the problems that student drug abuse poses for school administrators. A community needs assessment is described and the evolution of a developmental drug education program is presented. Educational strategies targeted to parents, teachers, and students are discussed, including informational presentations and P.T.O. programs designed to enhance parent-child communications. The efforts to involve students concentrate on the implementation of a system-wide developmental drug education program and a systematic decision-making and coping skills program. The adoption of two programs is discussed, including the Me/Me Program, a developmental curriculum targeted at substance abuse education, self-concept, values clarification, and decision making skills for K-6 students, and the Quest Program for high school students. A pilot program of the Me/Me curriculum, a one-day staff inservice program, and a sixth grade transition program for elementary to junior high school are detailed. Disciplinary actions and future plans for changes in the comprehensive program are also reviewed. (NRB)

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THE EVOLUTION OF A COMMUNITY DRUG ABUSE PROGRAM -- FAMILIES HAVE A CRITICAL ROLE

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CG 015380

Paper presented at the Winter Convention of the American Association of School Administrators, Atlanta, GA, February 13, 1981.

THE POLITICS OF DRUGS AND SCHOOLS

THERE ARE MANY SHARP AND LETHAL ISSUES ON WHICH A SUPERINTENDENT'S CAREER CAN BECOME IMPALED, AND THE DRUG PROBLEM IS SURELY ONE OF THEM.

AS ALL OF YOU ARE AWARE - OR YOU WOULDN'T BE HERE - OUR COMMUNITIES EXPECT US TO DO SOMETHING ABOUT THE DRUG PROBLEM AMONG YOUNG PEOPLE - AND WE MUST.

BUT WE HAVE A NUMBER OF OPTIONS WHEN IT COMES TO WHAT TO DO; NONE OF THE CHOICES ARE WITHOUT SOME PAIN - BUT - IT SEEMS TO ME - SOME ARE DEFINITELY MORE PERILOUS THAN OTHERS.

FOR REASONS WHICH I HOPE WILL BECOME OBVIOUS LATER IN MY COMMENTS, I SUGGEST THAT THE BEST YOU CAN HOPE FOR IN DEALING WITH THIS ISSUE IS CHILLY TOLERATION IN THE SHORT RUN - AND PERHAPS GRUDGING RESPECT IN THE LONGER PULL. AT WORST, I THINK CAREERS CAN BE TARNISHED OR ABBREVIATED, THE CREDIBILITY OF A SCHOOL SYSTEM CAN BE SEVERELY DAMAGED, AND PERHAPS CONSIDERABLE TIME AND MONEY CAN BE SPENT IN THE COURTS.

NOW, WHEN I SAID THE BEST YOU CAN HOPE FOR IS A LITTLE RESPECT - RIGHT AWAY YOU GUESSED I DIDN'T HAVE THE MAGIC ANSWER. I DON'T - BUT DON'T LEAVE YET. WE DO HAVE SOME SPECIFIC PROGRAM SUGGESTIONS WHICH YOU MAY WANT TO CONSIDER - BASED ON A CONSIDERABLE AMOUNT OF THOUGHT. AND MY ASSISTANT SUPERINTENDENT FOR INSTRUCTION IS GOING TO LAY THEM ON YOU IN A FEW MINUTES.

BEFORE WE GET TO THAT POINT, HOWEVER, I WOULD LIKE TO MAKE A FEW OBSERVATIONS ABOUT SOMETHING THAT IS SELDOM DISCUSSED IN ADMINISTRATIVE CIRCLES - THE POLITICS OF DRUG ABUSE PREVENTION PROGRAMS.

THE FIRST LESS-THAN PROFOUND OBSERVATION IS THAT DRUG EDUCATION IS AN EMOTIONALLY CHARGED ISSUE - AND THAT MUCH OF YOUR CONSTITUENCY IS WILLING TO TRANSLATE THOSE EMOTIONS INTO POLITICAL SUPPORT OR OPPOSITION BASED ON THEIR PERCEPTION OF YOUR RESPONSE TO THE PROBLEM.

THE SECOND IS THAT COMMUNITIES TEND TO TRY TO THRUST OWNERSHIP OF THE DRUG PROBLEM ON THE SCHOOLS - THAT IS - THEY SEE DRUG ABUSE AS AN EDUCATION AND "SCHOOLING" PROBLEM - AS A LACK OF INFORMATION-AND DETECTION-AND DISCIPLINE PROBLEM.

THE THIRD IS THAT OTHER AGENCIES AND GROUPS IN THE COMMUNITY ARE VERY MUCH AWARE OF THE POLITICAL MILEAGE THAT CAN BE GAINED BY GIVING THE APPEARANCE OF DOING SOMETHING ABOUT THE DRUG PROBLEM.

TAKEN TOGETHER, THESE THREE ELEMENTS ARE A VERY VOLITILE MIXTURE THAT MUST BE CAREFULLY HANDLED.

THE FIRST ELEMENT, THAT DRUG ABUSE IS A POLITICALLY HOT POTATO IS BAD ENOUGH. THE SECOND AND THIRD ELEMENTS, HOWEVER, CAN BE REAL CONFRONTATION ISSUES.

TAKE THE SECOND ISSUE - THE PUBLIC PERCEPTION THAT THE DRUG PROBLEM CAN BE SOLVED IF ONLY THE SCHOOLS WOULD DO THEIR JOB - THROUGH INFORMATION - DETECTION - DISCIPLINE. I THINK IT'S FAIR TO SAY THAT A WHOLE LOT OF FOLKS IN OUR COMMUNITIES BELIEVE THAT, IF YOU TELL THE KIDS ABOUT THE DRUGS THEY SHOULDN'T BE USING - AND TELL ABOUT THE BAD THINGS THAT CAN HAPPEN TO THEM IF THEY DO - AND USE EVERYTHING INCLUDING DOGS TO MAKE SURE KIDS AREN'T BRINGING ANYTHING ON CAMPUS - AND KICK THEIR FANNIES OUT THE DOOR IF THEY DO - THAT THE DRUG PROBLEM IS GOING TO GO AWAY.

THEREIN LIES THE FIRST PROBLEM - THAT PUBLIC PERCEPTION.

FIRST, PURELY INFORMATIONAL PROGRAMS ABOUT DRUGS - WHAT THEY ARE - WHAT THEY CAN DO TO YOU - SEEM TO BE, AT BEST, INEFFECTIVE.

I SAY SEEM BECAUSE, SURPRISINGLY, EVEN TODAY, ONLY A VERY SMALL AMOUNT OF RESPECTABLE RESEARCH HAS BEEN DEVOTED TO EVALUATING THE EFFECTS OF DRUG EDUCATION. WHAT LITTLE THAT HAS BEEN DONE SUGGESTS THAT PURELY INFORMATIONAL PROGRAMS ARE NOT ONLY INEFFECTIVE BUT PERHAPS EVEN COUNTERPRODUCTIVE - THAT IS - THEY MAY STIMULATE RATHER THAN DISCOURAGE EXPERIMENTATION WITH DRUGS. FOR A MOMENT, LET'S GO BACK IN TIME TO SEE WHAT THE PAST HAS TAUGHT.

WHILE THE DRUG PROBLEM HAS BEEN BREWING FOR YEARS IT WAS TRULY DISCOVERED BY THE PUBLIC IN THE LATE 60'S AND EARLY 70'S.

AS YOU WILL RECALL, THE PUBLIC EDUCATION RESPONSE TO THAT CRY FOR ACTION - AT THAT TIME - WAS A GREAT VARIETY OF INFORMATIONAL TYPE PROGRAMS. IT SEEMED LOGICAL: TELL THEM WHAT DRUGS THEY SHOULDN'T USE - TELL THEM WHAT CAN HAPPEN TO THEM IF THEY DO - AND THAT SHOULD DO THE TRICK. A NEW INDUSTRY WAS LAUNCHED - ALMOST OVERNIGHT - OF DRUG TEXTBOOKS, WORKBOOKS, FILMS, AND RECORDS - TO TELL KIDS ABOUT DRUGS.

AS WE MARCHED INTO THE 70'S SOMEONE HAD THE BRIGHT IDEA THAT WE HAD PERHAPS BETTER SEE WHAT THE EFFECTS OF OUR EFFORTS HAVE BEEN. THUS, THE GENEROUSLY FUNDED, IMPRESSIVELY STAFFED NATIONAL COMMISSION ON MARIJUANA AND DRUG ABUSE WAS LAUNCHED BY THE PRESIDENT OF THE UNITED STATES AND ISSUED ITS REPORT IN 1973. THIS LANDMARK REPORT CONCLUDED THAT MOST DRUG EDUCATION PROGRAMS WERE WORTHLESS - AND CALLED FOR A COMPLETE MORITORIUM ON INFORMATIONAL-TYPE PROGRAMS.

SINCE 1973, VERY LITTLE ADDITIONAL RESEARCH HAS BEEN COMPLETED. IN FACT, ONLY TEN RESEARCH STUDIES HAVE BEEN IDENTIFIED BY NIDA, THE SUCCESSOR TO THE PRESIDENTIAL COMMISSION, AS HAVING BEEN SUFFICIENTLY RIGOROUS TO DESERVE ANY CREDIBILITY. OF THESE TEN, ONLY ONE DEALT WITH AN INFORMATIONAL-TYPE PROGRAM. THE RESULTS WERE SIMILAR TO THE FINDINGS OF THE PRESIDENTIAL COMMISSION. THE PROGRAM WAS FOUND TO BE COUNTER-PRODUCTIVE.

THE SECOND PART OF THE PUBLIC PERCEPTION THAT IS TROUBLESOME IS THE DETECTION DEMAND - CATCH EVERY KID WHO COMES THROUGH THE SCHOOLHOUSE DOOR WITH DRUGS.

PARENTS NEED TO UNDERSTAND THAT THIS IS AN IMPOSSIBLE DEMAND - EVEN WITH A DOG AT EVERY DOOR. BECAUSE OF THE LIMITED TIME WE HAVE TODAY I WON'T TRY TO ADDRESS THE ISSUE OF WHAT HAPPENS TO AN INSTITUTIONAL ENVIRONMENT AS A SCHOOL PURSUES DETECTION BY ANY AND ALL AVAILABLE MEANS. LET ME DEAL WITH JUST THE PRACTICAL SIDE OF THIS PROBLEM.

WHATEVER CAN BE BROUGHT TO BEAR IS GOING TO BE A LONG WAY FROM PERFECTION - BECAUSE OF LEGAL LIMITATIONS. IN MOST DRUG CASES INVOLVING HIGH SCHOOL KIDS YOU HAD BETTER BE WILLING TO DO A STRIP SEARCH IF YOU WANT TO FIND THE DRUGS. YOU <u>CAN</u> DO A STRIP SEARCH ON PROBABLE CAUSE. AFTER CAREFULLY LISTENING TO THREE DIFFERENT LEGAL INTERPRETATIONS AS TO WHAT PROBABLE CAUSE MEANS I THINK I KNOW. IT MEANS YOU HAD BETTER FIND THE DRUGS IF YOU STRIP A KID - OR YOU MAY BE IN BIG TROUBLE. NOW, TO MY KNOWLEDGE, THE MOST ACCURATE MEANS OF DRUG DETECTION KNOWN TODAY IS A DOG. THE ONLY THING IS, A DOG ALERT DOES NOT CONSTITUTE PROBABLE CAUSE - AND YOU CAN'T TAKE A KID'S CLOTHES OFF ON THAT BASIS ALONE. WHETHER YOU CAN DO ANYTHING ELSE WITH A DOG IN THE SCHOOLS BESIDES TAKING IT TO LUNCH IS BEING DEBATED IN THE COURTS TODAY. THE POINT OF ALL OF THIS IS THAT--CONSCIENTIOUSLY USING ALL THE LEGAL DETECTION MEANS AVAILABLE TO SCHOOLS TODAY - ONLY A SMALL AMOUNT OF THE DRUGS IN ANY SCHOOL ON ANY GIVEN DAY IS GOING TO BE INTERCEPTED.

THE THIRD TROUBLESOME ASPECT OF THE PUBLIC VIEW IS THE BELIEF THAT EXPULSION FOR DRUG OFFENSES ON SCHOOL PROPERTY IS GOING TO MAKE A SERIOUS DENT IN THE OVERALL DRUG PROBLEM. I BELIEVE THAT THE VAST MAJORITY OF DRUG ABUSE DOES <u>NOT</u> OCCUR AT SCHOOL - FOR AT LEAST

THREE VERY COMPELLING REASONS - KIDS SPEND A RELATIVELY SMALL AMOUNT OF THEIR LIVES AT SCHOOL - ONLY ABOUT 14% OF ANY YEAR - SCHOOLS ARE ABOUT THE EASIEST PLACE TO GET CAUGHT USING DRUGS - AND SCHOOLS ALMOST ALWAYS METE OUT TOUGHER PENALTIES FOR DRUG ABUSE THAN ANY LAW ENFORCEMENT AGENCY OR COURT.

SO MUCH FOR THE PUBLIC PERCEPTION - NOW FOR THE THIRD ELEMENT - THE AGENCIES OR GROUPS OUTSIDE THE SCHOOL SYSTEM WHO ALSO WANT TO HELP YOU - OFTEN BECAUSE THEY ARE ALSO UNDER THE GUN OR SEE THE POLITICAL ADVANTAGE OF GETTING INVOLVED.

EITHER OUT OF IGNORANCE OR BECAUSE OF ECONOMICAL CONSIDERATIONS, MANY OF THESE AGENCIES ARE PUSHING INFORMATIONAL PROGRAMS - AND TRYING TO PUSH THEM INTO SCHOOLS AS MANDATED PARTS OF THE CURRICULUM. I MENTION THE ECONOMICAL CONSIDERATION BECAUSE INFORMATIONAL PROGRAMS ARE THE CHEAPEST TYPE OF DRUG EDUCATION - A FEW FILMS, A DRUG DISPLAY, AND YOU'RE IN BUSINESS.

IF YOU KEEP IN MIND WHERE THE PUBLIC IS COMING FROM - THAT IS, THAT DRUG ABUSE IS A LACK OF INFORMATION PROBLEM, YOU CAN BE DEALING WITH A VERY POTENT POLITICAL FORCE TRYING TO PUSH INEFFECTIVE, PERHAPS COUNTER-PRODUCTIVE PROGRAMS INTO THE SCHOOLS. IF THEY ARE SUCCESSFUL IN DOING SO, THE IMMEDIATE EFFECTS CAN BE TO EXACERBATE THE PROBLEM, THE LONGER RANGE CONSEQUENCES CAN BE TO UNDERMINE THE CREDIBILITY OF THE SCHOOLS WHEN THE PUBLIC IS EVENTUALLY INFORMED, LIKE THEY WERE IN 1973, THAT WHAT WE HAVE BECOME A PARTY TO HAS NOT ONLY BEEN INEFFECTIVE - BUT HAS AGGRAVATED THE PROBLEM.

THAT WAS THE WAY WE VIEWED OUR TASK BEFORE WE COMMITTED OURSELVES TO ANY COURSE OF ACTION. WE HAD TO DO SOMETHING; WE HAD TO AVOID, AT ALL COSTS, OWNING THE PROBLEM - BECAUSE WE HAD BUT LIMITED CONTROL OVER A SMALL PART OF THE TOTAL PROBLEM; THAT WE HAD TO EXPAND THE PUBLIC'S CONCEPTION OF THE PROBLEM; AND THAT WE HAD TO AVOID BECOMING A PARTY TO INEFFECTIVE OR COUNTER-PRODUCTIVE PROGRAMS.

WE THEN MADE SOME TACTICAL DECISIONS.

IN ORDER TO DEVELOP JOINT OWNERSHIP AMONG ALL THE AGENCIES AND GROUPS WHO HAD OR COULD HAVE SOME IMPACT ON DRUG ABUSE - AND IN ORDER TO BEGIN TO IMPROVE THE COMMUNITY'S UNDERSTANDING OF THE PROBLEM WE FORMED AN ADVISORY COMMITTEE - COMPOSED NOT ONLY OF REPRESENTATIVES OF KEY RESOURCE AGENCIES - BUT ALSO OF REPRESENTATIVES OF IMPORTANT POLITICAL GROUPS IN THE COMMUNITY.

IT WAS A RATHER LARGE GROUP AND INCLUDED:

KEY ADMINISTRATORS FROM THROUGHOUT THE SCHOOL SYSTEM

A DRUG ABUSE THERAPIST FOR ADOLESCENTS FROM AN AREA MENTAL HEALTH AGENCY

A DRUG ABUSE COUNSELOR FROM AN AREA UNIVERSITY

A PARENT OF A STUDENT WITH A PREVIOUS CHRONIC DRUG PROBLEM

A COUNSELOR FROM THE HIGH SCHOOL AND A JUNIOR HIGH COUNSELOR

ALL THE P.T.A. PRESIDENTS

CHIEF OF POLICE

A REPRESENTATIVE FROM THE CHAMBER OF COMMERCE

PRESIDENT OF THE TEACHERS' UNION

MEMBER OF THE CITY COUNCIL

THE SECOND TACTICAL DECISION WAS TO FIND THE MOST INFORMED PERSON IN THE STATE IN THE AREA OF DRUG ABUSE PREVENTION PROGRAMS - FOR THE PURPOSE OF ADDRESSING THE ADVISORY COUNCIL. THE REASON, OF COURSE, WAS TO EXPAND THEIR UNDERSTANDING OF THE TOTAL DRUG PROBLEM AND TO SUGGEST EFFECTIVE WAYS IN WHICH THE TOTAL COMMUNITY COULD BE INVOLVED IN COMBATING DRUG ABUSE.

WE FOUND SUCH A PERSON IN THE DRUG ADDICTION SERVICES DIVISION OF THE DEPARTMENT OF MENTAL HEALTH. THIS PERSON HAD BEEN QUIETLY TOILING IN THE FIELD SINCE THE LATE 60'S - HAD KEPT UP WITH THE RESEARCH, HAD KEPT TABS ON THE PROGRESS OF PROGRAMS AROUND THE STATE AND ACROSS THE NATION - AND HAD BEEN DIRECTLY INVOLVED IN TREATING ADOLESCENTS WITH DRUG PROBLEMS FOR SEVERAL YEARS.

WE CONVENED THE COUNCIL AND HE ADDRESSED THE GROUP - FOR A CONSIDERABLE LENGTH OF TIME. HE ANALYZED THE PROBLEM, DESCRIBED PROGRAMS THAT WORKED AND DIDN'T WORK, SUGGESTED ROLES THAT VARIOUS GROUPS COULD PLAY - AND PATIENTLY AND COOLEY ANSWERED A WHOLE LOT OF QUESTIONS - FROM WHY DO KIDS USE DRUGS TO HOW EFFECTIVE ARE DOGS IN STOPPING DRUG TRAFFIC IN SCHOOLS.

WHEN THIS FIRST MEETING ENDED - WE DIDN'T OWN THE PROBLEM - THE COMMUNITY DID.

SUBSEQUENT ADVISORY COUNCIL MEETINGS PRODUCED SUGGESTED PROGRAM COMPONENTS AND ROLES OTHER AGENCIES AND PEOPLE COULD PLAY. THE SCHOOL SYSTEM SHOULDERED SOME OF THE RESPONSIBILITY. THE COUNCIL UNDERSTOOD, HOWEVER, THAT IF THE COMMUNITY WAS TO HAVE ANY CHANCE OF SUCCESS WE WOULD NEED PROGRAMS NOT ONLY FOR STUDENTS AND FACULTY - BUT ALSO FOR PARENTS - AND OTHER COMMUNITY AGENCIES AND RESOURCE PEOPLE WOULD HAVE TO HELP. WE TOOK GREAT PAINS TO GET THAT MESSAGE INTO EVERY STUDENT'S HOME IN THE WEEKS THAT FOLLOWED.

I WOULDN'T WANT TO LEAVE YOU WITH THE IMPRESSION THAT IT WAS ALL SMOOTH SAILING FROM THAT POINT ON.

THE SCHOOL BOARD AND ADMINISTRATION RECEIVED SOME VERY VOCAL CRITICISM DURING THE FIRST YEAR FOR NOT PUTTING INTO THE SCHOOL CURRICULUM A COUPLE OF RATHER EXCITING SCARE-THE-HELL-OUT-OF-THEM FILMS SHOWN BY ONE OF THE LAW ENFORCEMENT AGENCIES WHICH SERVES OUR SCHOOL DISTRICT.

BUT, WE ALL STOOD OUR GROUND, EXPLAINED THAT THESE KINDS OF PROGRAMS HAD BEEN CONSIDERED BY THE ADVISORY COMMITTEE, HAD NOT BEEN FOUND APPROPRIATE - AND GAVE THE REASONS. WE ALSO POINTED OUT THAT ARRANGEMENTS COULD BE MADE WITH THAT LAW ENFORCEMENT AGENCY TO VIEW THE FILMS IF THEY DESIRED.

AS THE MONTHS PASSED THIS CRITICISM BECAME MORE AND MORE INFREQUENT - AND WITHIN SIX

MONTHS IT CEASED ENTIRELY.

MUCH OF THE RESPONSIBILITY FOR SHAPING THE SCHOOL PROGRAMS AND THE OTHER PROGRAMS WE HAD A HAND IN FELL TO MY VERY CAPABLE ASSISTANT SUPERINTENDENT FOR INSTRUCTION. HE WILL TAKE YOU FORWARD FROM THE POINT WHERE THE ADVISORY COUNCIL DETERMINED WHAT KIND OF PROGRAMS WOULD BE NEEDED.

DR. TIMOTHY F. HYLAND

THE EVOLUTION OF A COMMUNITY DRUG ABUSE PROGRAM--FAMILIES HAVE A CRUCIAL ROLE

FRIDAY, FEBRUARY 13 -- 1:00 - 3:00 P.M.

Presented at the 1981 Winter Convention - American Association of School Administrators in Atlanta, Georgia on February 13, 1981.

THE EVOLUTION OF A DRUG ABUSE PROGRAM

I suppose at the outset I should emphasize the word evolution. When I sat down to review the last 2 years of effort in the Merrillville Substance Abuse Program, I realized how many dead ends developed and how the program had actually evolved. From a distance, it has a tendency to take on a rather rigid appearance, however it has and even continues to develop.

Areas where a special concentration of effort and energy were felt to be necessary in the beginning now have a more normal place in the scheme of things. Programs which have proven successful are built upon and expanded while those which we feel less appropriate are modified or discarded.

At the outset we felt that the advisory committee had done far more than simply charge us with "doing something". As Dr. Schrenker pointed out, the involvement of professionals in the field of mental health and drug abuse therapy had convinced us of the futility of simply scaring students, or even of a straight forward informational approach.

We felt that instead, a more intrinsic thrust needed to be developed which would, when coupled with a developmental drug education program, form a solid base from which students could avoid involvement in drug abuse.

Here I would underscore our emphasis on a developmental drug education program which would begin with primary discussions of the nature and use of medicine and prescription drugs and develop at an early age, an appropriate concept of the role of pharmaceutics. I would contract this approach to the more typical physiological discussion and list of drugs, street names and effects which has frequently formed the basis of informational drug programs.

We also surveyed the staff in order to determine precisely what was being taught concerning drugs at the various levels. Since we had no coordinated drug education program we could only express the feeling that good things were happening in many classrooms.

As you might guess we did, indeed, discover that many conscientious teachers had taken it upon themselves to discuss the drug problem with their students within the classroom setting. This occurred with some primary and intermediate rooms as well as in various classes in the junior high and senior high schools.

Units were taught in our Health and Safety course, though it tended to be more physiological and less affective in thrust. However, let me go back over the last paragraph and select key words and phrases. They would be "many teachers", "some primary and intermediate classes" and "various classes in the junior high and senior high schools." We clearly had a well-meaning but hit-and-miss approach without guidance or direction.

We also determined to assess the current state of drug abuse in our community. This as you might well imagine, is no mean feat. Surveys in this area are notoriously unreliable and many a "pollster" has a desired outcome in mind when he begins his study. Nevertheless we felt it important to assess, as best we could, the type of drugs being abused in our community so as to tailor our program to our particular needs.

With this in mind we worked with information gleaned from three sources, as well as first hand information supplied by local law enforcement agencies.

The first was a study by the University of Michigan regarding drug use by the graduating class of 1977 across the United States.

The second was a study by Ball State University which surveyed and analyzed "Drug Use and Attitudes in Indiana" (dated April 1978).

Finally, through the cooperation of the Indiana Department of Mental Health, received a copy of their study of drug abuse on a regional basis across the State of Indiana.

I will briefly summarize some of the more salient points of these three studies;

* Marijuana was by far the most widely used illicit drug. The University of Michigan suggested that perhaps in many as 35% of the class of '77 used marijuana at least once during the last month. However, they were quick to point out that licit drugs, specifically alcohol and tobacco were far more widely used. As many as 71% of the class of '77 reported using alcohol during the last month. Quite naturally, this reinforced our notion that our efforts should be targeted towards substance abuse, rather than drug abuse only.

* The Ball State Study underscored several points;

    1. Efforts at decreasing the availability of drugs did not appear to be successful.

    2. Drug education, as it currently existed was not seen as valuable.

They recommended that:

    1. Education about alcohol and marijuana use should begin before the 7th grade and continue.

    2. Drug education should focus on reducing levels of purposelessness, pessimism, fatalism and insecurity, more emphasis on emotional health than pharmacology.

* The study by the Department of Mental Health suggested that the use of PCP and inhalants (glue, solvents, ether, etc) was significantly higher in the Calumet Region than anywhere else in the State.

We had also discovered, as a result of our work with drug abuse therapists at Southlake Mental Health, that in addition to a negative self-image, another trait which drug abusers invariably displayed was perceived lack of communication with parents.

They suggested that, regardless of the degree of real communication between parent and child, the young drug abuser felt he could not communicate with his parent.

To summarize, to this point we felt we had three groups to work with from the school's vantage point; Parents, Teachers, and Students.

Regarding parents, we felt that a two pronged educational program was called for.

First, through the P.T.O. organizations the parents would receive a presentation which would be largely informational. It would survey the thrust of the Merrillville Community School Corporation Substance Abuse Program and also provide the parents an opportunity to heighten their drug awareness, that is, what certain drugs look and smell like, what the symptions of alcohol abuse are, etc.

In addition, through the cooperation of Prudential Insurance Company we provided each family in the system with a copy of the Prudential Health Series "Questions and Answers About Drug Abuse." After examining literally dozens of publications we felt it had three advantages over the other materials.

1. It was factually correct
2. It did not attempt to create an emotional discussion, but instead aimed at providing necessary information.
3. It was free.

Accompanying this pamphlet was a complete description of the Merrillville Substance Abuse Program which kept parent informed regarding the direction of the program.

Second, also through the P.T.O. a presentation, a series of programs would be given designed to help parents develop improved communication skills within the family. We were fortunate to be able to enlist the talents of Dr. James Boland of Indiana University Northwest (219-980-6513) who agreed to develop and conduct this series.

Teachers were not only involved in the beginning of the program but were kept involved and informed through the building principal. A presentation similar to the parent drug awareness program was also given to the faculty so that they would be armed with correct drug information. The staff was also sensitized to the inter-relationship of self-concept, school and classroom climate and reduced substance abuse. As the program evolved they were naturally involved in the previewing and piloting of curricular materials. In addition parent groups were also involved in the previewing of curricular materials.

Finally, the student component would be two-pronged as well. First would be the development of a system-wide developmental drug education program. Second, and perhaps of greater importance would be a systematic program which would enable students to make decisions and learn coping skills which would help the students to deal with the pressures of modern life.

As we began to explore curricular options we found that substance abuse education was indeed, "big business". To assist us in our search we had occasion to rely upon the National Institute on Drug Abuse (312-726-2484), the National Clearinghouse on Drug Abuse Education (P.O. Box 1635, Rockville, Md, 20850) and Pyramid (415-939-6666) a non-profit organization which evaluates selected Substance Abuse Curriculum materials.

In the course of our search we came upon a program which had been successfully field tested under the auspices of the United States Office of Education in Appleton, Wisconsin, entitled the Me/Me Program. It presented a developmental curriculum targeted towards not only substance abuse education, but also self-concept, values clarification and decisions-making skills for students from K-6. The Me/Me materials were designed for infusion within the existing program and curricular materials and workbooks were available.

We were very enthusiastic about the promise of the Me/Me program and began a pilot project which saw selected staff in each of our elementary schools, representing all grades. Each pilot participant was in-serviced by Dr. Artie Kearney, the developer of the Appleton program.

Our initial enthusiasm was only increased by the pilot program and the enthusiasm of the pilot staff. The program not only targeted the areas we felt were significant, but lent itself to sufficient modification to fit the need of Merrillville students.

As a result, after a one-semester pilot experience, we set up a one-day inservice for the entire elementary staff with complete materials furnished for each staff member.

One flaw was inherent in the program, however, if the success of the Me/Me experience was based, in large part, upon the sequential systematic materials, what would we do for the sixth grader about to leave our grade schools without the benefit of a long term program?

To plug this gap we devised two special room by room presentations. The first was designed to provide drug education appropriate for sixth graders. This program was developed by staff from Southlake Mental Health. The second was developed by one of our junior high school counselors and dealt with the nuts and bolts of transition to the junior high school. It was designed to be very practical in its orientation and to dispel many of the myths which grow up regarding life in the junior high school.

At the junior high level we worked to develop our health curriculum offered at the ninth grade. We wanted to deal not only with the physiology of substance abuse, but also with the decision making-process and values inherent in areas as diverse as career education and coping with adolescent pressures.

The high school presented its own difficulties. Again, through our exploration of curricular options and visits to other schools who were grappling with the same problems, we came upon a program which we felt lent itself to our task. The program

was the Quest Program (Quest, Inc.), 2707 North Main St., Findlay, Ohio 45840 (419-424-9693).

We further discovered that Pyramid, which I mentioned earlier, had selected Quest as one of the most effective prevention programs in the country. In addition, a study of the Quest material by the University of Toledo had found Quest participants to have significantly changed their self-esteem, communication skills, and problem-solving skills

What was Quest? It was a program designed to;

1.	Strengthen or develop intra-personal skills	- getting yourself together
2.	Strengthen or develop inter-personal skills	- learn to deal effectively with others
3.	Strengthen or develop systemic skills	- learn to handle situation
4.	Strengthen or develop judgmental skills	- learn to make decisions - recognize "what's going on"
5.	Develop problem solving abilities	- learn the "how to" in a situation
6.	Strengthen identification with and responsibility for group processes	- learn to carry own weight
7.	Strengthen identification with viable role models	- learn to see self as "making it" - identify with others who "make it"

A pilot Quest progam was established for the fall and spring of this current school year. The first semester has encouraged us to open enrollment in Quest to all interested high school students.

Although the discussion to this point has emphasized exclusively a development primary prevention program rather than a remedial program, a few words need to be said about the efficacy of the curricular carrot and the disciplinary stick. What I have outlined over the course of the past several minutes suggest that an intensive attitudinal effort is the best long-term solution to the problem of substance abuse.

However, several years as disciplinarian at an urban high school and three years as high school principal have left me with the lasting impression that not all students will be moved by the educational process to the point where we can throw away the discipline code. In other words, while we place great emphasis on a positive school climate, we realize that a few students will opt to break the rules. We find no inconsistancy with our emphasis on self-concept and a strict attitude towards those who would use and sell or possess drugs while under our direction.

The punishment for such an offense in the Merrillville Community School Corporation is the stiffest allowed by Indiana State Law - expulsion.

In review, we feel that much has been accomplished and yet much remains to be done. However, we feel we can point with some pride to these points.
What we have developed to date has been:

--Comprehensive - to the extent that it deals with parents, teachers and students.

--Broad-based - to the extent that it had evolved from the efforts of several interest groups.

--Developmental - to the extent that it systematically grows upon itself.

--Long Range - to the extent that it was built into the structure rather than a one-time, hit or miss assembly or movie.

--Multi-faceted - to the extent that it attempts to deal with several components of substance-abuse simultaneously.

Where are we now in the "evolution" I spoke of in my opening remarks? Currently the Me/Me program is engaged in the elementary program and principals have been charged with its supervision to ensure that the flush of early enthusiasm does not become replaced by dusty curricular materials on the shelf. We continue to communicate to our staff that this program has a high priority and emphasis.

The Quest Program is moving from a pilot stage to a more encompassing offering. One of the interesting spin-offs of the program which we are currently exploring is the use of Quest students as peer counselors with junior high students.

Our parent presentations to each P.T.O. have continued and as you might guess, though participation is less than we would like, we continue to make the presentation available and accessable to interested parents.

Our sixth grade transitional programs will continue this year and we will continue to evaluate them on a year by year basis. It would not surprise me, though, if they were to become an institutionalized part of the program rather than an interim element of a new program.

In retrospect, the program at Merrillville continues to evolve. We continue to utilize the talents of community groups in the development and implementation of the program. We also continue to keep parents informed and involved in the evolution of the program through newsletters, principals advisory groups, P.T.O's and the media generally. We continue to evaluate, supervise and monitor the many facets of the program and keep one eye on the horizon for additional components which we feel would strengthen our Substance Abuse Program. In short we continue to strive to make a first rate program even better.